



Asia-Pacific
Economic Cooperation

Ministers Outcome Statement



Health Ministers Meeting
Sydney, Australia
7-8 June 2007

Health Ministers Meeting Outcomes Statement

1. We, the Health Ministers of the Asia-Pacific Economic Cooperation (APEC) forum, met in Sydney, Australia, on 7-8 June 2007 to further our commitment to cooperation, coordination and collaboration on serious public health issues affecting the 2.6 billion people of our region. Under the theme “*Building on our investment: a sustainable and multi-sectoral approach to pandemic preparedness and emerging health threats*”, we have developed APEC’s focus on the interface between economics and health issues, while also canvassing the impact that new health threats might have on the lives of our people.

2. We recognise that healthy populations contribute to economic growth and development. Conversely, any threat to the health of a population can have a devastating effect on prosperity. We recognise that the process of globalisation and economic integration, which delivers so many benefits to the region, also carries with it an increased capacity for the transmission of disease. The global nature of pandemic influenza and other virulent diseases demands international solidarity, co-operation and co-ordination of effort within an effective and transparent framework for the sharing of information and resources. We acknowledge the effective work of the Health Task Force in elevating health to be a significant part of APEC’s deliberations and in coordinating implementation of the APEC Action Plan on the Prevention and Response to Avian and Influenza Pandemics. We support the formation of an APEC Health Working Group to take this important work forward into the future.

3. Today, we have endorsed the **APEC Functioning Economies in Times of Pandemic Guidelines** as a resource for member economies and as a pivotal step in acknowledging the importance of improving regional capacity for appropriate emergency management and response planning. We commend the guidelines to APEC Leaders and recommend their adoption as part of APEC’s multi-sectoral response to health security issues. The Guidelines will be updated from time to time to take account of relevant developments. We also call for future work to develop best practices and improve regional capacity to minimise the impact of health threats.

Sustaining Our Successes

4. In recent years the economies of the Asia-Pacific region have faced a succession of health threats. In 2003, we were very concerned at the spread of the Severe Acute Respiratory

Syndrome (SARS) across the region, and took measures to exchange information and research and to initiate collective action to diminish the threat to our peoples. We are confident that these measures contributed to reducing the impact of SARS.

We discussed important priority areas for future work in the APEC Health Working Group, including multi-sectoral cooperation and coordination particularly with the agriculture sector, enhanced information sharing and risk communication, further work on business continuity and essential services, and continued collaboration with multilateral organisations and donors. Exercises and scenario planning such as those previously undertaken by APEC provide important opportunities for economies to share information and develop their capacity for collaboration and cooperation. Ministers called for further programs of such exercises.

5. The APEC region continues to confront the emergence of the virulent H5N1 strain of Avian Influenza (AI). The possibility of a pandemic arising from avian influenza presents a significant threat to human health security. APEC Health Ministers recognise that through concerted efforts as an international community we can help to minimise this threat. We recalled our discussions on these issues at our meeting in Da Nang, Viet Nam in 2006 and noted the progress of economies in implementing the APEC Action Plan on the Prevention and Response to Avian and Influenza Pandemics. We committed to further work to implement this plan.

6. We also committed to collaborate, as appropriate, with the World Health Organization (WHO) on measures to improve global pandemic influenza preparedness. We agreed to continue to support the WHO Global Influenza Surveillance Network through the timely sharing of influenza virus specimens, as a foundation of public health, and looked forward to the review of the terms of reference and to the establishment of oversight mechanisms for this Network. We aim to ensure and promote the transparent, fair and equitable sharing of benefits arising from the generation of information, diagnostics, medicines, vaccines and other technologies associated with the sharing of virus samples.

7. We support, as appropriate, the WHO process of fully implementing the International Health Regulations (2005), to enter into force on 15 June 2007, to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade. We understand that this is a critical part of

the global response to reduce the impact of health threats on economic growth and social functioning.

8. There are many threats to health security. They can arise from multiple sources, not only from emerging diseases but also from humanitarian emergencies and bioterrorism. We also recognised that it would be dangerous to assume that because there is no current global pandemic outbreak the job is done. We have re-committed to increasing our joint efforts and to building on our current infrastructure to address all events that could potentially threaten our collective health security.

9. As Health Ministers of the APEC region, we recognise that our endeavours need to complement and support global and regional structures already in place. We recognise that responses to health threats should be structured and undertaken in a manner commensurate with the threat so as to ensure a minimal impact on international travel and trade, while engaging all sectors of the economy in preventing future outbreaks.

Making Investment Applicable To Future Threats

10. Our experience has demonstrated the importance of leadership and common direction in responding to the existing threat posed by diseases such as avian influenza. We must rise to the challenge of moving on from immediate emergency management toward maintaining systems and strategies that will sustain our level of readiness and ensure that we continue to invest and build. As new infectious disease threats can emerge from various sources with very little warning, the technical and structural response including information and communication technology that we have developed provides a framework to address future threats to our collective health security. We committed to further strengthen the applicability of this framework for other health threats.

HIV/AIDS

11. We noted with concern that the rate of the spread of HIV in a number of member economies brings with it social and economic consequences as well as serious health challenges. This in turn requires a multi-sectoral approach to prevent, reduce and mitigate the health, social and economic consequences of this disease including stigma and discrimination. In line with this approach, we endorsed the **Guidelines for Creating an Enabling Environment for Employers to Implement Effective Workplace Practices for People**

Living with HIV/AIDS. The Guidelines will be updated from time to time to take account of relevant developments.

Conclusion

12. As Health Ministers, we reaffirm our commitment to addressing these challenges in order to ensure the health and prosperity of the Asia-Pacific community now and into the future.